


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000015231 1. Entity Name HUB CONDO RENTALS, LLC	
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Principal Place of Business 18223 SHAWLEY DRIVE HAGERSTOWN, MD 21740-2443	Mailing Address 18223 SHAWLEY DRIVE HAGERSTOWN, MD 21740-2443
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DO NOT WRITE IN THIS SPACE



01182008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-1687029	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent GREGORY, C. NEIL ESQ 850 PARK SHORE DRIVE, 3RD FL NAPLES, FL 34103

**DO NOT WRITE
IN THIS SPACE**

B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE


FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000803305
02/05/08-80020-009 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAHURA, ABBUD S 18223 SHAWLEY DRIVE HAGERSTOWN, MD 217402443
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **1-23-08** **301-790-1660**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #